

LD40000037516

Dowtrick  
466 Cedar St.  
Ormond Beach, FL 32176

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

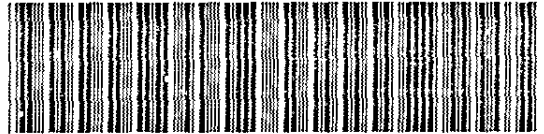
(Business Entity Name)

(Document Number)

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AND  
FILED  
04 MAY - 7 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DB  
5-18-04

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Yoga Bag LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

466 Cedar St.

Ormond Beach FL, 32176

**Mailing Address:**

466 Cedar St.

Ormond Beach FL, 32176

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Heather Doutrick

Name

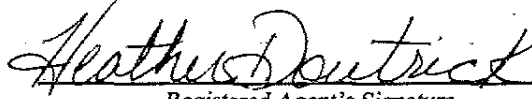
466 Cedar St.

Florida street address (P.O. Box **NOT** acceptable)

Ormond Beach, FLORIDA 32176

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..*



Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Betty Morris

2225 Willow Oak Dr.

Edgewater FL., 32141

MGRM

Heather Doutrick

466 Cedar St.

Ormond Beach Florida, 32176

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Heather Doutrick

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Heather Doutrick

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY - 7 PM 2:00

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**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)